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## Senate Bill 392

Senator Crisco, Representative Megna and members of the Insurance Committee, my name is Dr. David Dziura; I live and practice in Branford. I serve the Connecticut Chiropractic Association as Insurance Relations Committee chairman and I would like to testify in support of Senate Bill 392 offering some additional suggestions for concepts and language.

With the passage and implementation of the Accountable Care Act, healthcare purchase and delivery is changing.

Senate Bill 392-has the intent to set a minimum standard for access and choice of doctors and hospitals by the consumer. While reporting and oversight is helpful to determine a minimal standard for access to care, I believe allowing the market to determine the numbers and access to services more appropriate during a changing environment. We must keep the companies who sell healthcare policies accountable by enforcing common language disclosure for access to service to doctors and hospitals and the benefits paid for these services. Companies have limited access to classes of providers by economic discrimination. Benefits reimbursement to contract providers is less than the co-pay paid for that benefit. When a plan sells their product listing the name of a doctor or hospital was not in the network than that plan should be required to refund to the consumer the premium paid and pay damages to the doctor or hospital or be required to pay the claim for service.

Health Plans should only be allowed to change provider networks at times of renewal, with proper notice to policyholders.

I strive be at the top of my profession, providing excellent service to my patients and it angers me to see a plan which does not value my participation use my name to sell their product. United Healthcare recently dropped thousands of providers without notifying the policyholders, or offering a refund for premiums. This action will certainly increase their profits but make access and choice less available to the policyholders. By requiring common language disclosure of networks and benefits the healthcare consumer will be able to retain their choice and access to the doctors and hospitals by informed choice of healthcare plans.

Close scrutiny should be made of ACOs (Accountable Care Organizations). This new contract team approach to healthcare can provide benefits of cost savings, however typically offer no out of network benefits and regularly omit classes or types of providers.